

County Snowmobile Trail Aids Program
Supplemental Payment Request

Form 8700-003 (8/05)

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Notice: This form is authorized by s. NR 50.09(4)(f), Wis. Adm. Code. Project Sponsors are required to provide information requested on this form when applying for a final payment or a supplemental maintenance request of a grant funded by the Department. The Department will not process your payment unless you provide all information requested. This information will be used to determine the amount of your payment and issue your check or establish the amount of your supplemental payment. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Instructions: See reverse for instructions on completing this request. Submit one copy of this request form, your completed Supplemental Maintenance Worksheet (Form 8700-004), and other required documentation listed on reverse, to your DNR Grant Specialist by August 1. See the DNR web site for additional information: dnr.wi.gov/org/caer/cfa.

Project Sponsor Information

Project Sponsor	Grant Number
Project Name	County

The DNR will mail the check to the name identified on the application as "Check Recipient." Questions? Contact DNR Grant Specialist.

Type of Request: (Select those that apply – max. of 2)

☐ Maintenance Agreement Final (Sections A & B) ☐ Supplemental Advance (Line 1, Section C) ☐ Supplemental Final (Section D)

Maintenance Agreement Payment Information (see reverse for instructions)

A. Payment Record to Date	Amount	This Column for DNR Use Only
1. Amount of Grant (from original or amended Grant Agreement)	\$	
2. Advance Payment Received, if any		
3. Funds Remaining (Line 1 minus Line 2)		

B. Payment Request

4. Amount Eligible this Claim. Transfer data from "Total Amount Paid" field on Supplemental Maintenance Worksheet (Form 8700-004).		
5. Amount of Final Claim (Line 4 minus Line 2) Note: This line cannot exceed the amount in Line 3		

C. Supplemental Request

6. Total Eligible Costs This Period. Transfer data from "Total Project Claim" field on Supplemental Maintenance Worksheet (Form 8700-004).		
7. Maintenance Payment Received from a Winter ATV Grant		
8. Adjusted Total Eligible Cost this Period (Line 6 minus Line 7)		
9. Total Supplemental Request (Line 8 minus Line 1)		
10. Supplemental Advance Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

D. Supplemental Payment

11. Final Supplemental Request Amount as Reviewed by Department		
12. Supplemental Advance Received, if Requested		
13. Final Supplemental Payment (Balance) Requested (Line 11 minus Line 12)	\$	

Certification

I certify that, to the best of my knowledge and belief, the eligible costs requested are in accordance with the terms of the grant agreement and that all expenditures are based on actual payments of record. This reimbursement represents the grant share due that has not been previously requested.

Name of Authorized Representative - type or print	(Area Code) Telephone Number
Signature of Authorized Representative	(Area Code) FAX Number
Date Signed	E-mail Address

Space Below this Line for DNR Use Only

Grant Specialist Signature	Reimbursement Approval Date
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Instructions

Line 1: Amount of Grant (from original or amended Grant Agreement). Enter amount from the first page of your grant agreement on the line that says "State Aid Amount".

Line 2: Advance Payment Received, If Any. The snowmobile trail aids program allows you to request a 50% advance of the amount of the grant at the beginning of the grant period. If you requested no advance payment, enter \$0. If you requested an advance, this amount is indicated on the signature page of your original grant agreement. Enter this amount on Line 2.

Line 3: Funds Remaining. This is the balance of your maintenance grant award after subtracting the advance payment of your original grant agreement (Line 1 minus Line 2).

Line 4: Amount Eligible This Claim. Transfer amount from "Total Amount Paid" field on the Supplemental Maintenance Worksheet, Form 8700-004. This is the total of all eligible expenses claimed for snowmobile trail maintenance incurred during the project period, not to exceed the amount specified in the grant agreement.

Line 5: Amount of Final Claim. Subtract the *Advance Payment Received* from the *Amount Eligible This Claim* (Line 4 minus Line 2). This is the balance of the eligible expenses that will be reimbursed under the maintenance grant agreement.

Line 6: Total Eligible Costs This Period. Transfer data from "Total Project Claim" field on Supplemental Maintenance Worksheet (Form 8700-004). This is your total claim for snowmobile trail maintenance during the project period.

Line 7: Maintenance Payment Received from a Winter ATV Grant. Enter the amount claimed from the ATV program for maintaining the trail system for winter ATV riding.

Line 8: Adjusted Total Eligible Cost this Period. This is the total cost of eligible maintenance expenditures reduced by any winter ATV maintenance claim (Line 6 minus Line 7).

Line 9: Total Supplemental Request. Subtract *Total Eligible Costs This Period* from the *Amount of the Grant* (Line 8 minus Line 1). This is the total of eligible maintenance expenses (supplemental request) incurred during the project period.

Line 10: Supplemental Advance Requested? Do you want a 50% advance payment of the supplemental amount claimed? If yes, check the box next to Yes. The supplemental payment will be mailed to you no later than September 15.

Line 11: Final Supplemental Request Amount as Reviewed by Department. This is the total supplemental request after it has been reviewed by the Department. This information will be mailed to you no later than December 1.

Line 12: Supplemental Advance Received, if Requested. This is the 50% advance supplemental payment requested in Line 10. If you did not request a 50% supplemental advance, please enter \$0.

Line 13: Final Supplemental Payment (Balance) Requested. Subtract *Supplemental Advance* from *Final Supplemental Requests as Reviewed by Department* (Line 11 minus Line 12). This is the balance of your supplemental payment for which you are requesting reimbursement. Note that this amount may differ from the 50% advance total as a result of modifications made as a result of Department review (Line 11).

REQUIRED DOCUMENTATION

- Supplemental Maintenance Worksheet (Form 8700-004) (as many as necessary)
- Trail Grooming Record (Form 8700-005) (as many as necessary)
- Non-Grooming Record (Form 8700-006) (as many as necessary)
- Copies of vendor invoices, canceled checks (or bank statement showing checks) and county payroll vouchers
- Summary of landowners paid for short term acquisition and amounts, if applicable